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ABSTRACT

This handbook serves as a guide for novice day care administrators and owners who want to establish a center, and for experienced providers who want to improve the quality of their programs. Information in the handbook was obtained through a survey of accredited centers. The three sections of the guide focus on child care in the 1980s, establishment of a child care center, and quality in the child care setting. Five chapters in section one provide an introduction, followed by discussions of effects of substitute child care, components of a high quality center, the project to obtain information from 24 centers in western states that were accredited by the National Academy of Early Childhood Programs, and the project methodology. Three chapters in section two focus on preliminary decisions, educational philosophy, and staffing concerns. The single chapter in section three deals with improving the quality of programing. A total of 14 pages of references and bibliographic citations are provided, along with appended related materials, including the questionnaire that was used to gather information for the project. (RH)

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A Handbook for Prospective Child Care Providers on How to Establish a Center and Maintain High Standards of Quality

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SECTION ONE

CHILD CARE IN THE 1980'S

Chapter 1: Introduction

Chapter 2: Effects of Substitute Child Care

Chapter 3: Components of a Quality Center

Chapter 4: The Project

Chapter 5: Methodology

CHAPTER 1

INTRODUCTION

"Who will care for my children?" is a question parents have frequently asked themselves since the Industrial Revolution began over 200 years ago. It was during this period in history that people began to leave the relative isolation of their rural and agricultural living situations to go to work in the growing urban centers. The pervasive need for factory workers, which dates back to the late 1700's, helped to create a family situation where one parent, or both, spent a great deal of time away from their children. Hence, parents began asking themselves who would care for their young children (Davis & Baker, 1988).

Historically, the answer to this question has almost exclusively been the mother. Poussaint (1986) suggests the common belief has been that since the mother gave birth to the child, she was also destined by "natural instinct" to raise and supervise him/her as well. He further adds, "The ability to nurture children was not only believed to be a woman's God-given gift, but her duty as well" (p. 2). So it was that the mother typically stayed at home to provide for the physical and emotional needs of her family. The father's role, it can be assumed, was to expend his energies in the workforce and bring home the financial support for the family. This arrangement was

the accepted norm for most middle class families for close to 200 years in the United States and even became known as part of the "American Dream".

The "Era of the Happy Family" (Davis & Baker, 1988) began to change a scant 20 years ago from a predominantly one-income family situation to a two-income situation. One of the major contributing factors to this change was the Women's Liberation Movement of the late 1960's and early 1970's which challenged women to assert themselves and become more involved in the forces that affect their lives. This movement, coupled with economic hardships that befell the average American family in the 1970's, were 2 of the major forces that encouraged a record number of women to enter the workforce. This new workforce consisted of many women not commonly thought of as typical employees, including mothers of very young children.

Data from the 1986 Census (Statistical Abstracts, 1986) reveal that the percentage of working women in the U.S. has risen from 43.3% in 1970 to 54.2% in 1985. By 1995, it is predicted that 60.3% of all women in the U.S. will be employed. Further exploration of the census data show that of the approximate 231 million people in the United States, 17.8 million of them are under the age of five. If you couple this figure with current birth trends, the population of children under six could reach over 23 million by 1990 (Hofferth, 1979; Hofferth & Phillips, 1987).

Of course not all of these 23 million children under six will have working mothers, and therefore may not require substitute child care. However, a trend has been developing; in 1960 18.6% of the married women with children under the age of six were employed (Statistical Abstracts, 1986). By 1970 this figure had risen to 30.3%, and in 1980 it had reached 45.1%. By 1985 the percentage of working married women with children under the age of six had increased to over fifty percent (53.4%). It has been predicted that by 1990 the percentage of working women with children under six will reach 58%, and by 1995 the percentage will be close to 65% (Hofferth & Phillips, 1987). In the year 2000, Snyder, Rothschild, & Gordon (1987) further predict the percentage of working mothers could be close to 80%.

In comparison to their married counterparts, divorced and separated mothers with children under six have long had high percentages of employment. For the divorced segment, the rate escalated from 45.4% in 1970 to 53.2% in 1985, and for separated women the employment rate rose from 63.3% in 1970 to 67.5% in 1985 (Statistical Abstracts, 1986).

The question arises of what to do with the young children of working mothers, for surely they should not be left unattended. Most parents will turn to relatives such as grandparents, siblings of the child, or other close relatives, to help care for their children. However, this trend appears to

be declining. Rosentraub and Harlow (1983) surveyed child care needs in the state of Texas in 1973 and again in 1979. Analysis of the findings revealed that care by a relative was consistently the most popular choice for substitute child care services. The data further demonstrated an 8% decline in the use of this form of child care, from 27% in 1973 to 19% in 1979. Hofferth and Phillips (1987) also reported this method of child care as the most popular in their study, as it was the chosen form for 41% of U.S. parents in 1982. But they, too, reported a decline of 16% in the use of care by relatives during the years between 1965 and 1982.

The second most popular form of child care for children under the age of three is the family day care home. This situation requires the parent to leave the child at the home of a non-relative. Family day care homes may contain other small children also being cared for by the caregiver. This method of child care has shown an increase of 49% in its use for children under the age of three in the last 20 years (Hofferth & Phillips, 1987). Looking at this method for children over three years of age, though, Hofferth and Phillips have reported a decline of 8% in its use over the past 20 years.

Another option available to parents would include babysitters or nannies, referred to as in-home care by a non-relative. This form of child care is quite appealing to a

parent, but is typically the most expensive. This expense has certainly contributed to a 65% decline in its use in the last 20 years (Hofferth & Phillips, 1987).

One final option open to parents of preschool age children is group center care. This option, in 1982, was chosen by 15% of the parents with children under the age of three and by 40% of the parents with children over three (Hofferth & Phillips, 1987). Most remarkable in examining this form of child care, though, is its growth from 1965-1982. During this time period, group care has shown a 171% increase in the number of children under three being served, with a corresponding increase of 209% for children over three (Hofferth & Phillips, 1987). This phenomenal shift toward the use of group care suggests that there will continue to be rapid growth in the demand for child care centers.

How does one choose who will provide child care, and what constitutes a quality environment for the vulnerable young child? This handbook is devoted to exploring the critical issue of providing quality child care and examining current views on the effects of substitute child care upon children. The major focus of this handbook is to offer insight, advice and guidance from quality day care providers on how to establish a child care center and provide quality services. The project from which this handbook was derived entailed distributing a questionnaire to a sample of current child care providers, analyzing the

results, and compiling these results in this handbook which can be used in conjunction with a college level workshop for novice and current caregivers on the topics of establishing a day care center and providing quality care for young children.

CHAPTER 2

EFFECTS OF SUBSTITUTE CHILD CARE

For those providing and using day care, the effects of substitute child care on young children is a crucial issue. In response to this need, several researchers have been exploring the perceived effects of substitute child care and the results are voluminous. Belsky and Steinberg (1978), Clarke-Stewart and Fein (1983), Phillips (1987), and Snow (1983) have each extensively reviewed the literature in this area. The combined results of these reviews suggest some interesting conclusions in the areas of cognitive/language development, emotional development, social development, physical development and familial effects. Nonetheless, as Belsky and Steinberg (1978) and Phillips and Howes (1987) submit, some caution must be exercised in interpreting the results. Many of the studies were conducted in very high-quality child care centers, usually university based, with little follow-up data, and one must be wary that some overgeneralizations exist.

Cognitive and Language Development. Neither harmful nor beneficial effects have been documented for middle-class children in the area of intellectual development, based strictly upon attendance in a substitute child care situation. However, "high risk" (culturally or economically deprived) children have

been shown to benefit in terms of cognitive development (Belsky & Steinberg, 1978; Clarke-Stewart & Fein, 1983; Phillips & Howes, 1987).

A key issue, then, in the area of cognitive/language development, appears not to be whether substitute child care affects this domain, but rather what factors of the child care setting will most effectively enhance cognitive and language development. Recent research ("Accreditation Criteria", 1984; Caldwell, 1973; Howes & Rubenstein, 1985; Kaplan & Conn, 1984; Kontos & Stevens, 1985; McCartney, 1984; McCartney, Scarr, Phillips & Grajek, 1985; Peterson & Peterson, 1986; Phillips, Scarr & McCartney, 1987; Schwartz, J., 1983; Travers, 1981; Vandell & Powers, 1983) clearly indicates that it is the quality of the child care environment that contributes most significantly to higher levels of cognitive and linguistic development. Higher quality settings have generally been defined as ones in which the staff were more highly trained in child development, child to staff ratios were lower, and group sizes remained relatively low. Within these cited studies, the most common assessment device used for determining the level of quality was the Early Childhood Environment Rating Scale (ECERS) devised by Harms and Clifford (1980).

Travers (1981), reviewing the National Day Care Study (NDCS), concluded that the aforementioned features of a quality

child care environment were highly correlated with more rapid gains on standardized tests of cognitive and linguistic growth. McCartney et al. (1984; 1985) suggested a similar conclusion in what has become known as the Bermuda Study. It was the quality of the child care situation that significantly contributed to the Bermuda subjects' higher measures of intellectual and language development.

Emotional Development. Attachment has been one of the most prominent areas examined with regard to the effects of substitute child care on the young child. Child care professionals have long expressed apprehension that the attachment, or natural bond, which a child develops with his/her mother would be put at risk by separating these two individuals for long periods at too early an age (Belsky, 1986; Belsky & Steinberg, 1978; Blehar, 1974; Vaughn, Gove & Egeland, 1980).

Responding to this perceived concern, researchers have examined the effect of substitute child care upon the mother-child relationship. The most common manner for assessing attachment has been the "strange-situation" paradigm developed by Ainsworth (Ainsworth & Wittig, 1969). This experiment creates a stressful situation for the child by repeatedly separating him from his mother and/or introducing a stranger. The conclusions of studies using this measure have been, for the most part, unequivocal. Substitute care appears to have no

deleterious effects upon the mother-child attachment if the child is receiving quality care from the substitute caregiver (Belsky & Steinberg, 1978; Benn, 1986; Clarke-Stewart & Fein, 1983; Rubenstein, Howes & Boyle, 1981; Snow, 1983; Vaughn, Deane & Waters, 1985). In less than optimal situations, though (i.e. center care of questionable quality and those with high turnover of staff), day care was shown to contribute to the development of anxious-avoident mother-child attachment in the first year of life (Belsky, 1986; Blehar, 1974; Vaughn, Gove, & Egeland, 1980).

Underscoring this suggestion, Peterson and Peterson (1986) and P. Schwartz (1983) have documented that as the level of quality in the child care environment increases, so does the quality of the mother-child relationship. An important intervening variable that must be considered, nonetheless, is that of daily duration of care. The length of time a child spends in day care appears to be negatively correlated to the security of the child's attachment to his/her mother (Schwartz, P., 1983).

As one can see, attachment is a major concern to child development specialists. The impact of child care on this critical relationship will continue to be scrutinized well into the future. Extensive recent research continues to challenge previous notions that quality substitute child care may have no

serious negative effects upon a child's attachment to the mother. Belsky (1986; in Wallis, 1987) contends that one-year-olds, even in high quality settings, tend to be less securely attached to their mothers. This diversity of viewpoints underscores the need for critical analyses on the impact of substitute child care upon the mother-child attachment with particular emphasis on the variable of quality.

Social Development. The literature in the area of social development is ambiguous at best. Both positive and negative socialization effects as a result of substitute child care have been reported. On the negative side, children in alternate child care settings tend to display more aggressive and negative interactions with both adults and their peers (Snow, 1983). They also tend to be less compliant to adult wishes, and have been described as more rebellious, more bossy, and more belligerent (Clarke-Stewart & Fein, 1983).

On the positive side, center care children also appear to possess better social skills and social confidence. They have been described as more outgoing, less timid and fearful, more assertive, more helpful and cooperative with adults and peers, more goal oriented in school, and more leadership oriented (Belsky & Steinberg, 1978; Clarke-Stewart, 1987; Clarke-Stewart & Fein, 1983; Howes, 1987; Snow, 1983).

Of late, the focus of research in this area, too, has changed from assessing general effects of substitute child care to assessing how the quality of that environment affects social development. Many researchers (Clarke-Stewart, 1987; Field, 1980; Howes & Rubenstein, 1985; McCartney, 1984; McCartney et al., 1985; Peterson & Peterson, 1986; Phillips et al., 1987; Sarafino, 1985; Travers, 1981; Vandell & Powers, 1983) have all reached a similar conclusion: the quality of children's social interactions is positively correlated with the level of quality in the child care environment.

Physical Development. While no significant differences between at-home and day care children have been reported in height and weight, nutrition appears to be typically superior for many of the day care children (Snow, 1983). Maintenance of good health appears to be the major disadvantage for children in day care, who experience higher incidences of colds, flu, Influenza Type-B, Hepatitis A, and diarrhea (Snow, 1983). The more frequent contraction of these illnesses may be due to a number of factors: increased exposure to other children and adults, decreased resistance to disease, and in some cases poor hygiene in the setting and on the part of the caregiver (Clarke-Stewart & Fein, 1983).

Familial Effects. Reporting on the effects of substitute child care would not be complete without looking at the

bidirectionality of influences between the family and the day care setting. Some researchers (Benn, 1986; Goelman & Pence, 1987; Howes & Rubenstein, 1985; Howes, 1987; Kontos & Fiene, 1987; McCartney, 1984; McCartney et al., 1985) have voiced concern that there appear to be certain variables in the family background that predispose parents toward selecting higher quality child care settings. These variables include maternal level of education, family income, family value on prosocial behaviors (behaviors deemed appropriate in social situations), level of maternal integration (the degree to which the mother is comfortable in her role as mother), household size, and maternal level of intelligence.

It is presumed that the higher the level of each variable, the more likely the parent is to choose a higher quality child care provider and setting. This effect of family background can then be seen as almost cyclical in nature. As a simplified example, the parent who chooses quality care is more likely to have positive feelings towards their child's day care situation. The parents' positive adjustment to care has been shown to be highly correlated with the child's adjustment to care (Clarke-Stewart & Fein, 1983). So the child who is well adjusted to their child care situation, and has positive attitudes regarding their care, will likely make quality care easier to provide.

In summary, the research has shown that "...quality child care has been found to be associated with intellectual gains, with the acquisition of adaptive social skills, and with healthy physical and emotional development" (Caldwell, 1973; p. 207). It is comforting to both parents and child care providers to be aware that few negative effects for children as a result of day care have emerged in the literature. Quite to the contrary, a review of the findings suggests quality care for children may have a very positive impact. Notably, the key to the direction of effects has repeatedly proven to be the quality of the care provided.

CHAPTER 3

COMPONENTS OF A QUALITY CENTER

In recent years much professional and commercial attention has been focused on the evaluation and delivery of quality early childhood services. Time Magazine (Wallis, 1987), Psychology Today (Trotter, 1987), and National Review (Marshner, 1988) have each devoted cover stories to this critical issue. The Public Broadcasting System (PBS) also devoted three and one half hours of prime time programming on April 20, 1988, solely to the issue of the need for higher quality day care (Davis & Baker, 1988; Schrems, & Casto, 1988; Snyder, Rothschild, & Gordon, 1987). Most of these sources, recognizing the growing need for affordable, quality child care, offered similar solutions to the burgeoning problem of how to regulate and ensure high standards in day care services. More government control and funding as a preliminary step is what these authors have advocated. To this end, a movement is now underway in Congress to introduce legislation on the funding and regulation of licensed child care homes and centers (Marshner, 1988). Wallis (1987) cited as an example the state of Massachusetts, which has earmarked state funds specifically for the purpose of improving the child care options available to its residents, with notable success.

Legislation of this type is not without its opposition, though, as Marshner (1988) contends that we should focus on

keeping the mother at home. Few would disagree that the parent is often the best child care provider, but, "The economic reality for most women in the U.S. is such that it doesn't allow them to care for their own children" (Marshner, 1988, p. 31).

As the child care situation currently exists, the sole institution the consumer has come to depend upon for the regulation of the quality of child care services has been their state social service agency. While state agencies have often set licensing requirements for child care centers, such standards have not always ensured quality programming for young children (Davis & Baker, 1988; Snyder, Rothschild, & Gordon, 1987). Consumers who have depended upon a center's licensing status as a guarantee of quality, may be surprised to note that often licensing standards focus primarily on physical features of the center's environment. These agencies often have few requirements regarding curriculum, staff training, important teacher qualities, or adult-child interactions.

The increased national attention in quality child care of late has culminated in a nationwide accreditation effort. In 1983, the National Academy of Early Childhood Programs (NAECP), under the auspices of the National Association for the Education of Young Children (NAEYC), began soliciting input from professionals in the fields of early childhood education and child development as a means of defining components of quality care ("Central Accreditation Project 1-5", 1983). Based upon

this input, a set of universal criteria for the accreditation of quality child care centers was developed by the NAECP ("Accreditation Criteria", 1984). By Fall of 1987 there were only 375 centers in the United States which had earned the Academy's accreditation under these strict criteria ("Academy Update", 1987). This prestigious label has identified these centers as exemplary in the field of early childhood education.

The accreditation criteria, then, can be viewed as a set of recognized standards of quality in the field of early childhood education since they were created by and agreed upon by leaders in the field. Combined with components of quality from two other types of literature: publications which have evaluated centers or instruments developed for this purpose (Caldwell, 1973; Collins, 1983; Harms & Clifford, 1980; Kontos & Stevens, 1985; Snow, 1983), and selection devices parents are advised to use when appraising centers for potential use (i.e. "How to Choose", 1983), these accreditation criteria, elaborated upon below, elucidate a comprehensive definition of optimal care for the young child.

Physical Considerations. One of the first areas prospective consumers will see is the physical environment. A quality center should provide a minimum of 35 square feet per child indoors and 75 square feet per child outdoors. This space should then be arranged safely, attractively and functionally. Long hallways should be avoided for they compel children to run

and shout, and crowded conditions encourage aggressive behavior ("CAP 2", 1983). Defined space should also be flexible enough to accommodate larger and smaller groups as well as interest centers.

A quality center will have developmentally appropriate materials offered in a variety of accessible areas. Low open shelves are necessary for this to occur and activities should be changed periodically. Each child should also have a space of their own for storage, or whatever they choose to do with it.

An adequate amount of toys must be provided, as well as duplicates, both indoors and out. Along with sufficient playthings, the environment should include some soft elements that are reminiscent of the home such as comfortable chairs or rockers, curtains, rugs, etc. The facility must also be safe from potential accidents (loose wires, broken fences, etc.) ("Accreditation Criteria", 1984; "CAP", 1983; "How to Choose", 1983; Snow, 1983).

Staff Considerations. One of the most important aspects of quality care is the caliber of the staff who will supervise and care for the children. Recent research ("Accreditation Criteria", 1984; "CAP", 1983; Collins, 1983; "How to Choose", 1983; Kaplan & Conn, 1984; McCartney, 1984; Phillips & Howes, 1987; Snow, 1983; Travers, 1981) clearly indicates that one of the most important characteristics of staff members which facilitates quality child care is training or education in child

development. A college education often is not enough; this education should be specifically related to early childhood education. However, some caveats do exist: Clarke-Stewart's (1987) research from the Chicago Study suggests that specialized training has both positive and negative effects. Interestingly, she discovered that teacher training in early childhood education was related to children's higher levels of cognitive competence, but to lower levels of social competence (Clarke-Stewart, 1987).

Well-trained staff display many skills that set them apart in the child care environment. They encourage children to engage in more verbalizations and less hostility than their untrained counterparts. They are aware of each child's unique needs and are more apt to appropriately program for that child's developmental level ("Accreditation Criteria", 1984; Caldwell, 1973). Kaplan and Conn (1984) have demonstrated that specialized training may facilitate improvements in both the physical environment and in caregiver involvement. McCartney et al. (1984; 1985) and Travers (1981) have additionally reported that caregiver training was associated with higher scores of cognitive and linguistic development.

In conclusion, a well-trained teaching staff appears to provide notably higher quality child care services. These staff members appear to be more competent interactors with children.

They encourage children in a friendly, respectful way to talk about and explore their environment and their effects upon it. Discipline is seen as a learning experience, not simply as punishment. An investment in staff training has proven to be an investment in higher quality child care services.

Child to Staff Ratio and Group Size. Travers (1981), reviewing the National Day Care Study (NDCS), reported that child to staff ratio and group size can have a significant effect upon the quality of the child care services being provided. His data showed that as group size increased, the quality decreased. The data for ratio, though not statistically significant, showed similar trends - high ratios (many children per caregiver) tended to be indicative of lower quality. The higher quality situations were characterized by more child cooperation, more spontaneous verbalizations, and less wandering. This finding in favor of smaller group sizes (<18) and lower ratios (<10:1 for preschool age; <5:1 for infants) is echoed throughout the literature ("Accreditation Criteria", 1984; Caldwell, 1973; Clarke-Stewart, 1987; Collins, 1983; Field, 1980; McCartney, 1984; McCartney et al., 1985; Phillips & Howes, 1987; Snow, 1983).

Curriculum. With a combination of well-trained staff and a carefully planned and prepared curriculum, a safe environment can be transformed into a quality nurturing setting for young

children. A quality center should have an identified philosophy for why things happen and how they are presented to the children. Activities must be balanced between quiet/noisy, indoor/outdoor, and child/adult initiated.

NAEYC has recently undertaken a conscientious effort to promote the notion that a quality early childhood program must provide its students with "Developmentally Appropriate" activities ("Accreditation Criteria", 1984; "NAEYC: Developmentally Appropriate Practice", 1986; "NAEYC: Position Statement", 1986). In these articles, NAEYC advocates the use of activities for children that are individually age appropriate. Using this reasoning, infants would be stimulated with colors and textures, not potty trained. By the same notion, a toddler who shows he is not ready to be potty trained would be trained at a later date. These strategies are based upon knowledge of how young children grow and learn, thereby giving credence to specialized training for staff members in the field of early childhood development.

Some guidelines in creating developmentally appropriate activities would include curriculum that provides for all areas of development including the physical, emotional, social, linguistic and cognitive domains. Curriculum decisions and changes should be based upon teacher observations and evaluations. The developmentally appropriate curriculum

recognizes learning as an interactive process at all stages of developmental growth and the activities reflect this. Using this view, planning of the curriculum would incorporate a greater range of developmental levels than its intended audience to help stimulate and nurture growth. Moreover, a balance must be struck between rest/active times and indoor/outdoor play.

Finally, developmentally appropriate activities need a competent guide - the teacher. While implementing the curriculum, the effective teacher will respond quickly, respectfully, and with a reassuring sense of accomplishment on the child's part ("Accreditation Criteria", 1984; "NAEYC: Developmentally Appropriate Practice", 1986; "NAEYC: Position Statement", 1986).

Parent-Teacher Communication. A quality child care setting is not complete without incorporating parent communication as a primary goal. Quality centers must set up opportunities for staff and parents to meet and discuss each child's progress. Teachers should keep accurate records and share this information with the parents on a regular basis. Visits should be encouraged and problems discussed openly. The optimal center will provide to the parents, in writing, its philosophy along with any policies such as discipline, hours, fees, emergency procedures, holidays, etc. ("Accreditation Criteria", 1984; "Central Accreditation Project", 1983; "How to Choose", 1983).

As one can see, a quality child care environment takes a great deal of planning to organize. The day care administrator is constantly being challenged to incorporate new research data into an already overwhelming set of high standards. Novices in the field have an exciting and sometimes frightening adventure in front of them.

CHAPTER 4

THE PROJECT

Purpose of the Project

Since a professionally identified set of criteria regarding quality in the child care setting now exists, the purpose of this project was to further explore the issue of delivering quality services. Particularly with regard to child care centers accredited by the National Academy of Early Childhood Programs, this project sought to delineate "How To" tips for two different populations: child care providers who wish to establish centers of their own, and those current care givers who desire help in improving the quality of the services which they now provide.

Many "How to..." guides already exist (Cherry, Harkness & Kuzma, 1978; Decker & Decker, 1980; Evans, Shub & Weinstein, 1971; Evans & Saia, 1972; Grossman & Keyes, 1985) and their advice is certainly worthwhile. A major limitation of these sources, however, is that they are based upon the authors' experiences and tend to expand upon the way they did it, often excluding how others might have done it differently. This project sought to contact 24 NAECP accredited child care centers known for their quality services as a means of describing many of the processes involved in the establishment of a quality child care center.

The specific objectives of this project included:

1. Creating a questionnaire that would procure information from NAECP accredited centers concerning how they started their centers and how they maintain quality. Components of the questionnaire included needs assessment, licensing, site selection, financing, purchases, staff selection and training, educational philosophy, building clientele, parent communication and maintaining standards of quality.
2. Analyzing the questionnaire and drawing conclusions based upon the obtained information.
3. Compiling a handbook reporting the findings that could be used as a text in a college level workshop for prospective and current child care providers.

Definitions

The following definitions, taken from the Federal Register (U.S. Department of HEW, 1980) and NAECP's Accreditation Criteria (1984) were used in this report.

Caregiver/Staff - Paid adults who have direct responsibilities for the care, guidance and education of children in a child care facility.

Child Care - The care, supervision and guidance of a child, on a regular basis, in a place other than the child's own home.

Child Care Center/Program - Part-day and full-day programs in schools and other facilities serving a minimum of ten children, birth through age five, and/or five- to eight-year olds before and/or after school.

Day Care Home - A place in which child care is provided to 10 or fewer children.

Component - Aspects of an early childhood program that are to be evaluated. The NAECP criteria address ten components of an early childhood program: interactions among staff and children; curriculum; staff-parent interaction; staff qualifications and development; administration; staffing; physical environment; health and safety; nutrition and food service; and evaluation.

Group Size - The total number of children assigned to one or more caregivers.

Child/Teacher Ratio - The number of children that are under the care of each teacher (i.e. 10:1).

Early Childhood - Birth through age eight.

Infants - Children between the ages of birth and 12 months.

Toddlers - Children between the ages of 13 months and 36 months.

Preschoolers - Children between the ages three and five.

School-age Children - Children attending first grade and beyond who are participating in a before- and/or after-school program.

CHAPTER 5

METHODOLOGY

Sample

In order to assure that the questionnaire was sent to centers known for their success in providing quality child care, only NAECP accredited centers were asked to participate in the study. This population was selected because of their commitment to providing high quality child care. The knowledge, expertise and advice that these model programs in early childhood education could provide about opening and running a child care center were hypothesized to be invaluable to a novice or current provider in the field.

To make the project more manageable, a sample of 64 centers (those accredited before August, 1987, in the western states of Arizona, California, Colorado, Kansas, New Mexico, Oklahoma, Texas, Washington and Wyoming) were chosen from the original population of 375 centers accredited nationally. These initial centers in the sample were sent a short letter (Appendix A) asking the administrators/ owners if they would answer a few questions about their eligibility and willingness to participate in the study.

Out of the 64 centers in the sample, 24 centers became eligible for the final subsample. Eligibility for participation in the study required that the center director: 1) have

experience in opening a new center, 2) be the current administrator of a NAECP accredited center, and 3) have indicated willingness to complete the survey. Center directors not meeting all of these criteria were eliminated as possible participants in the study. The 24 remaining directors were then sent the formal survey and 22 of them (92%) returned the completed questionnaire. In addition, the participating centers were afforded the chance to be cited as a participant in this handbook. They also could have indicated their desire to have a complimentary copy of the handbook.

The Instrument

The cover letter (Appendix B) which accompanied the questionnaire explained the measures taken to protect confidentiality, as well as instructions about filling it out. The questionnaire (Appendix C) requested information about many areas of concern to the prospective child care provider. It consisted of 35 items in the following areas:

Establishing the Need for Child Care

Licensing Agency Assistance

Site Selection

Financing and Insurance

Equipment and Materials Purchases

Educational Philosophy

Setting up the Environment/Center

Staff Selection and Training

Child Grouping

Rates to Charge

Building Clientele

Maintaining Standards of Quality

The question formats were varied and included Likert-type scales, responses in numerical form and free response lists.

The questionnaire was piloted locally to assist in improving the clarity and ease of soliciting responses. This was done at two child care centers on a volunteer basis. The input obtained was used as a means of making revisions before the actual survey was distributed.

Analyses

Questions 4, 8-11, 13-17, 21, 22, 25, 29, 30, and 32-35 were designed to gather open-ended information such as ideas, advice and decisions that were made. The responses were grouped according to similarity of content and then rank ordered from most popular to least popular.

Likert-type scales appeared in two styles. In questions 2, 3, 5 and 27 a five point scale ranging from 1 (not very helpful/important/effective) to 5 (very helpful/important/effective) was used. The responses were awarded the actual values and their mean score derived. Question 12 involved a slight variation in that a (C) would indicate a critical need and was given a value of 3. An (N), indicating necessary, was assigned a value of 2, and an (O), for optional or not important, was assigned a value

of 1. A mean score was then derived and in most cases the mean values were reported from highest to lowest value.

Questions 18 and 19 were phrased as Likert scales as well, asking respondents to list the most important response first. However, when analyzing these results, it was found that the mean scores did not reflect the popularity of the responses. For this reason these two (2) questions were analyzed on a percentage basis.

Question 1, 6-8, 20, 23-26, 28 and 31 provided opportunities for respondents to give numerical information such as percentages, money figures, ages, group sizes and hourly, monthly and yearly data. The most relevant analyses for these responses was the mean. None of the questionnaire items showed evidence of bipolarization, so it is felt that the mean was indeed the most appropriate assessment for these data.

SECTION TWO

ESTABLISHING A CHILD CARE CENTER

Chapter 6: Preliminary Decisions

Chapter 7: Educational Philosophy

Chapter 8: Staffing Concerns

CHAPTER 6

PRELIMINARY DECISIONS

The questionnaire generated a wealth of information that could be regarded as invaluable to child care providers seeking to start a day care center or to improve the quality of services in an existing center. The initial section of the questionnaire focused upon the many preliminary decision that must be made before a child care center can be opened.

Question 1 was included to obtain background information as to how many years the centers had been in operation. The range of responses was from 2 to over 42 years. The mean number of years for the 22 respondents was 12.14 years of operation.

Questions 2-13 gathered data about the initial decisions that a prospective child care provider would face before opening a center. Assessing the community's need for day care is a necessary first step for most child care administrators. Respondents were asked to rate possible sources for establishing the need for child care in the community on a scale of 1 to 5, with 5 being very helpful and 1 being least helpful. The data in Table 1 clearly showed that personal contacts are the recommended method for establishing the need. Prospective day care providers should ask friends, relatives, fellow employees, church members, and neighbors if they see a need for additional and/or higher quality child care centers. If the answer is a

resounding "yes", then chances are such a service will be well received by the community. Information from licensing agencies, population and census data, and waiting lists at other centers were options that fell into a somewhat helpful category. Class sizes in public schools and media reports were rated lowest in their value to predict a community's needs for child care.

Table 1 (Question #2)

Mean Scores for Sources of Assessing the Need for Day Care in the Community N = 17 (77%)

SOURCE	MEAN
Personal Contacts	4.35
Information from Licensing Agency	2.52
Population/Census Data	2.41
Waiting Lists at Other Centers	2.38
Class Sizes in Public Schools	2.06
Media Reports	2.06

Other responses that were listed on the very important level included friendly encouragement, an existing center closing, community and/or business needs assessment survey, and a personal assessment of an unfulfilled need. Given a value of 4 was a PTA mailing, and given a value of 2 was noticing ads in the newspaper. Three responses were not rated and included personal desire, special education needs and a student demonstration at the college level.

Choosing a proper site for the child care center can often mean success or failure. Questions 3 and 4 examined what factors one should look for when choosing a location. Table 2 summarizes Question 3 which asked the respondents to rate site considerations on a scale of 1 to 5, with 5 being very important and 1 being not very important. The results indicate that the size of the site should be the most important feature to consider, with the cost being almost as critical. The neighborhood the center will be located in (preferably quiet) should rate quite high as well. Residential or country-like areas should be favored over commercial or business locations. Access to major traffic routes were viewed by the respondents as only somewhat important. An on-site locale, as will be shown in Table 4, was another salient feature one should consider when selecting a building site.

Table 2 (Question #3)

Mean Scores of Features to Consider when Selecting a Center Site N = 18 (82%)

FEATURE	MEAN
Size of the Site	4.44
Cost of the Site	4.39
Neighborhood	4.11
Near Residential Area	3.53
Access to Major Traffic Routes	3.26
Near Business/Commercial Area	2.89

Additional responses to this question included, as very important, a country setting and an on-site location. Given a value of 4 were security and availability; and appearance received a 3 (somewhat important). Four responses were listed with no values and included: an existing center, a center in a church, a site close to special educational needs of the students and a site with good visibility.

The percentage of respondents who felt that their site was or was not ideal is found in Table 3. As is evident, over three fourths of the responding administrators believed their site was ideal.

Table 3 (Question #4)

Percent of Respondents Listing Their Site as Ideal or Not Ideal N = 21 (96%)

Listing	% of N
Site is Ideal	76
Site is Not Ideal	24

In Question 4 of the survey, respondents were asked to list the reasons why they feel their site was or was not ideal. The free-response approach to this question was intended to more fully elaborate upon the forced choices presented in Question 3. Some discrepancies did appear between these two questions, particularly in relation to the closeness the site should be to

a freeway. Some centers that were not close to a freeway felt this was a detriment, whereas those close to one complained of the noise and pollution as offsetting the benefit of easy access. So, as a caution, each potential site a day care provider might select should be individually evaluated as to the potential benefits and/or detriments a neighboring freeway could have upon the center and its occupants.

Table 4 presents the reasons why the respondents felt their site was or was not ideal, with the most frequent response listed first. As one can see, an on-site location, such as being on a university campus, in a hospital, at a business, or in a church, was seen as the most desirable location. These situations typically provide substantial monetary benefits because the facility does not need to be built or possibly even remodeled. On-site centers also provide the benefit of readily available clientele and eliminates the need for costly advertising. Another benefit of an on-site facility is the possible inclusion of the center's insurance on the benefactors' policy thereby lowering the cost of this item. So it would seem that on-site locations are indeed an ideal situation for many day care providers.

Table 4 (Question #4)

Percent of Respondents Listing Reason Why Their Site was Ideal or Not Ideal N = 21 (96%)

Ideal Because	% of N	Not Ideal Because	% of N
On-site locale	19	Too far from freeway	20
Good visibility	13	Not centrally located	20
Easy access	13	Not a country setting	20
Large site	13	Poor space dimension	20
Quiet neighborhood	13	High rent	20
Close to clientele	6	Poor neighborhood	20
By a park	6	Highway fumes	20
Mature neighborhood	6	Poor access	20
"Homelike" setting	6	Poor parking & traffic routes	20
Country setting	6		
Favorable lease	6		
By a hospital	6		
Associated with a private school	6		
Good structural design	6		

Question 5 asked respondents to rate the assistance they received from the licensing agency from 1 to 5, with 5 being very helpful. With 16 responses (73%) and a mean score of 2.81, the licensing agency help was seen as slightly less than "somewhat helpful". These agents are often very busy and can only give child care providers the local guidelines for safety and physical requirements of the structure. The data indicated that an agent's help should be sought, but their ability to respond will be limited at best.

Financial resources are essential to begin and operate a center. Table 5 illustrates some of the methods child care operators utilized in meeting their financial obligations. An

average of 59% of the initial capital was provided by the owner while an average of 45% was provided by the bank. Most notable was that an average of 85% of the original funding came from other sources such as churches, universities, businesses, government funds, and loans from family and friends. These alternate financial sources should not be overlooked for they may make an impossible situation for a novice administrator much more manageable.

Table 5 (Question #6)

Range and Mean of Sources of Initial Capital by Percent N = 13 (59%)

Source	Range	Mean of N
Yourself	5-100%	59%
Bank	20-65%	45%
Other	25-100%	85%

The types of sources listed under the "other" category were churches, seller financing, personal loans from friends or relatives, non-profit organizations, hospitals/businesses, colleges and the government.

Day care centers must also be concerned with daily operating budgets. Not surprisingly, an average of eighty-two percent (82%) of daily operating costs were generated by tuition payments (Table 6). Novices, then, must learn to rely on, and expect, prompt payment for the child care provided.

Table 6 (Question #7)

Range and Mean Percent of Current Sources of Operating Funds

Source	N	Range	Mean
Tuition	20	50-100%	82.00%
Donations	7	1-10%	3.86%
Government	6	5-50%	23.50%
Business	2	35-50%	42.50%
Others	8	1-35%	12.88%

Sources in the "other" category included interest on savings, fund raisers, United Way, subsidies, and University funds.

Insurance is a necessary protection for any licensed child care center. Table 7 summarizes the types of insurance coverage carried by the respondents. Liability coverage was the most common form of insurance reported. Accident, vehicle, fire, medical, and building contents coverage, though not as popular, were also types of coverage carried by many of the respondents' centers. It should be noted that all licensed businesses are required to carry fire insurance and possibly many other types of coverage as well. But the respondents did not list these protections as separate policies because they were, it is assumed, included in their liability insurance, which was carried by 100% of the respondents.

The most obvious trend in obtaining coverage was to get coverage through the benefactor of the center, such as the

church, business, or university, whose space the center occupies. Several private insurance companies such as INA and Aetna were listed, but most were local and the costs varied widely. According to these data, one might surmise that child care administrators should shop wisely for the best coverage at reasonable rates.

Table 7 (Question #8)

Types of Insurance Coverage Carried by Centers

N = 15 (68%)

Type of Insurance	% of Responding Centers with Coverage
Liability	100%
Accident	25%
Vehicle (Auto/Bus)	25%
Fire	19%
Medical	19%
Building/Contents	13%
Board of Directors Protection	6%

Table 8 demonstrates the tremendous range in the cost per year of insurance for day care centers. The lower end of the scale ($45) was occupied by a university-based center whose benefactor provided for their insurance needs. At the other extreme is an example of how excessive insurance costs can become ($12,000). Child care providers may benefit from these responses by recognizing the necessity for comparison shopping.

Table 8 (Question #8)

Mean and Range of Insurance Cost. N = 16 (86%)

	Mean	Range
Cost	$3,985.00	$45.00 - $12,000.00

If one was to look for a predictable pattern of work related experiences for a child care center owner to progress through before opening a center of their own, based upon these results s/he would find a pattern difficult to establish. The respondents' backgrounds included everything from no experience in child care (9%) to Ph.D.'s in early childhood education (5%). A vast majority (82%) reported prior experience in child care and/or prior public school teaching experience. Some (14%) even stated parenthood as their only background. Administering a center or experience opening other centers was also reported by 27% of the respondents. Five percent reported experience in licensing centers before opening one. It appears that the respondents were most similar in their energy and drive to create a high quality child care environment, and were willing to continually strive for outstanding programs for young children.

The respondents were next asked to share their initial successes and failures so that others may learn from their experiences. The most prevalent "wise decisions" (Table 9) included such recommendations as hiring quality staff, using

quality materials to maintain a safe environment, and seeking out the most optimal location for the center.

Table 9 (Question #10)

Percentage of Respondents Listing Each "Wise Decision"

Wise Decision	% of Respondents
Get highly qualified staff	36%
Quality materials/environment	18%
Good location	18%
Start small	14%
Maintain good contacts (Chamber of Commerce, etc.)	14%
Develop a sound philosophy	14%
Borrow from friends/relatives	9%
Flexible hours of operation	9%
Keep rates high/consistent with competition	9%

Many solitary responses were given (5%) and included: unique materials; had board of directors put up part of capital; went non-profit; parent assistance; catered food; hired an accountant; got a computer; gave business discounts; staffed only as needed; kept low ratios; had company financing; assured adequate storage; used grant monies when possible; maintained a good reputation; provided transportation; recognized unique family needs; owned, didn't rent; had attractive facility; encouraged staff participation in setting up; and followed public school calendar (no summer school).

In contrast to Table 9, Table 10 depicts critical problems experienced by some of the respondents such as: overcrowding or

inadequate space, hidden costs (insurance or taxes), and wise customer relations techniques.

Table 10 (Question #11)

Percentage of Respondents Listing Each "Critical Problem"

Critical Problem	% of Respondents
Avoid inadequate space and overcrowding	18%
Watch for hidden costs or underestimations	14%
Don't give refunds	9%
Not maintaining professional relationships	9%
Money flow/ poor budgeting	9%
Staff not trained in Early Childhood Education	9%

Many single responses (5%) were listed for this question as well and included: not involving parents; not charging competitive rates; not advertising carefully; not providing adequate parking; not balancing time constraints with advisors; not being stricter with staff behavior; not providing more benefits at employee's cost; not actively recruiting for trained staff; not obtaining a good lease; accepting I.O.U.'s; not getting good materials and equipment; and not having long range goals.

Once a novice has the physical structure ready for occupation, their thoughts turn to materials and supplies. This can be an arduous task if some priorities have not been established. Table 11 provides possible sources for these priorities. This table illustrates the responses to Question 12, which asked the respondents to rate certain items as "C" for

critical, "N" for necessary, or "O" for optional. The analysis involved assigning a value of 3 for a "C" response, a value of 2 for an "N" response, and a value of 1 for an "O" response. The conclusion can be made that the direction one must follow is to provide for the children first. Their personal and curricular needs should be put above all else. A prospective owner, then, should obtain supplies and materials for the interest centers first and then look towards some outside facilities for the children. When these items are secured, the focus should come back (based upon the respondents' recommendations) to a more fully stocked indoor curriculum. As a final consideration, the respondents indicated supplies/materials can be sought for the office and teachers.

Table 11 (Question #12)

Mean Score of Importance for Possible Supplies & Materials Needed to Open a Child Care Center N = 20 (91%)

Item	Mean	Item	Mean
Books	2.95	Dress-up clothes	2.50
Art supplies	2.95	Water/sand table	2.48
Building blocks	2.91	Toy kitchen	2.42
Puzzles	2.81	Musical instruments	2.30
Paper	2.76	Toy animals	2.39
Student tables	2.75	Science materials	2.17
Record player	2.70	Puppets	2.16
Toy vehicles	2.67	Bookcases	2.15
Cots	2.65	Swings	1.95
Sensory toys	2.65	Office equipment	2.00
Bikes/trikes	2.62	Bulletin boards	1.58
Climbing apparatus	2.62	Sports equipment	1.50
Balls	2.53	Computer	1.11
Sandbox	2.52	Teacher desk/chair	1.11

Other written in responses on this question included: carpeting, cribs, indoor climbing apparatus, cordless phone, answering machine, real kitchen equipment, copiers, records, dolls, live animals, trees, piano, play phones, curriculum guides, and resource books.

Table 12 illustrates companies to consider when purchasing supplies and materials for the center. No unanimously favorite catalog companies were revealed in the data, but a trend did occur: shop locally, watch for garage sales, and shop at second-hand stores for some great bargains.

Table 12 (Question #13)

Type and Source of Supply/Material With Percentage of Respondents Using Each Source

Educational Materials	%	Furniture	%
Lakeshore	23%	Childcraft	18%
Beckley-Cardy	14%	School surplus	18%
Constructive Playthings	14%	Donations	9%
Teacher-Made	9%	Lakeshore	9%
Office Supplies	**%**	**Cleaning Supplies**	**%**
Local store	18%	Local store	32%
University store	9%	Price Club	14%
Pace	9%	Shaklee	14%
Flea markets/garage sales	9%	Pace	9%
Quill	9%		

Unique sources were numerous in each category and included: Equipment Company, Colburn, Costco, Learning World,

HBJ, local school supply company, Three Wishes, donations, National Academy of Early Childhood Programs, University store, used furniture store, garage sales, Adriondack, Goodwill, Community Playthings, Constructive Playthings, shared office furniture, Miller Business, Eastman, school speciality store, donations, Manning School Supplies, Sandy's, Sam's Wholesale Club, Smart and Final, local cleaning service, Cantrell, and Sanitary Supply Company.

CHAPTER 7

EDUCATIONAL PHILOSOPHY

A quality child care center should have goals and objectives for their staff and students. These goals and objectives are typically presented in the form of a stated philosophy. An overwhelming number (91%) of the respondents noted that they do indeed have a center philosophy which is openly shared with parents. When asked to list four key components of their center's philosophy, Table 13 indicates that developmentally appropriate programming for the children was stated as a goal for over half of the respondents (55%). Other popular philosophy statements included active involvement in the learning process, individualized curriculum, fostering self-esteem, and activities devoted to all realms of learning. These positive child centered approaches to early childhood programming are supported and encouraged by the National Association for the Education of Young Children (NAEYC) ("Accreditation Criteria", 1984; "Developmentally Appropriate Practice", 1986; NAEYC: Position Statement", 1986). It may even be the case that many of the centers recently updated their philosophies to include the objectives listed above simply because of NAEYC's influence. Novices should take heed of this trend and develop similar philosophies of their own.

Table 13 (Question #14)

Percentage of Respondents Listing Each Goal Statement as a Critical Philosophy Component N = 22 (100%)

Goal Statement	% of N
Use a developmentally appropriate practice and placement approach	55%
Use hands-on learning or learning by doing	41%
Stress an individualized curriculum	36%
Foster self-esteem	27%
Curriculum develops all realms (physical, emotional, intellectual, and social)	23%
Focus on quality human relationships and social skills	18%
Incorporate research based components	14%
Base the curriculum on child choices	9%
Acknowledge autonomy of children	9%
Focus on providing a warm, loving environment	9%
Allow for a balance between teacher- and child-selected activities	9%
Involve parents	9%

The respondents listed numerous single responses (5%) such as: academic instruction, religious instruction, physical education, development of personal responsibility, pressure free learning environment, value on art and music, Piagetian-autonomy of child, creativity, no rote-teaching, well educated staff, quality environment, develop self help skills, future oriented perspective, and development of positive attitudes.

The methods a center uses to incorporate their philosophy and goals into the daily curriculum is critical as well. When asked how their centers encouraged children to explore and learn, the respondents listed inviting interest and learning

centers, as well as providing an exciting environment inside and outside as their top choices (Table 14). A wide selection of activities, open-ended questioning techniques, and positive learning experiences were also popular responses. As one can see, the focus again appears to be child-centered, not teacher-centered. The children are afforded many opportunities to learn, and the teacher becomes more of a facilitator than a leader in this learning.

Table 14 (Question #15)

Percentage of Respondents Using Each Method to Encourage Exploration and Learning

Method	% of Respondents
Inviting learning/interest centers	41%
Exciting environment inside and outside	41%
Offer many choices	31%
Use open-ended questions	23%
Positive learning experiences	18%
Materials easily available and easily used	14%
Play with the children, make learning fun	14%
Expand on children's interests	14%
Hands-on learning	14%
Field trips	9%
Talking with the child	9%
High energy from teacher	9%
Encourage thinking/problem solving/hypothesizing	9%

Other responses (5%) included: open-ended art activities, active listening, redirecting, modeling, small groupings, and activities for wide age ranges.

Not all experiences in providing child care are positive, as children may have difficulty following established rules. Several questions were posed to discern what were the most frequently dealt with discipline concerns, and in what manner a high quality center might deal with the problems presented by children in their preschool years. Table 15 shows the most common discipline concerns include hurting others, running inside, not napping quietly, not putting things away and not following accepted rules of social behavior. Child care directors must learn to expect these situations to arise and they must also be prepared to deal with them effectively.

Table 15 (Question #16)

Percentage of Respondents Reporting Each Behavior as a Limit That is Frequently Tested

Behavior	% of Respondents
Hurting others, not remembering to use words	46%
Running inside	41%
Not napping quietly	18%
Not putting things away	18%
Not sharing equipment	14%
Not taking turns when speaking	9%
Not respecting the rights of others	9%
Defying adult authority, resisting teacher directions	9%
Misusing property	9%
Throwing sand	9%

At 5%, the solitary responses included: not following

things home; too slow in changing activities; not sitting in chairs appropriately; using bad language; and not staying in assigned areas.

To further delineate the methods of discipline the respondents may employ, four troublesome situations that frequently occur in child care centers were posed and the respondents were to indicate how they would handle each one. Tables 16-19 below list the four situations and the frequency of each disciplinary response.

Troublesome situation #1 concerned a 3-year-old child who hits. Table 16 indicates the disciplinary techniques utilized by the respondents for this situation in order of the techniques' popularity.

Table 16 (Question #17)

Percentage of Respondents Utilizing Each Discipline Technique For a 3-Year-Old Who Hits N = 22 (100%)

Discipline Technique	% of N
Take child aside and establish/remind of rule against hitting	32%
Remind child to use words not hands	27%
Share feelings of being hit. The victim talks, and gets the attention	27%
Time out chair	23%
Redirected the activity at hand	18%
Parent conference	9%

Other written-in responses (5%) included: tell child what he can do with hands; present problem to class and role play solutions; express physical anger appropriately; and positive conflict resolution.

The second problem situation involved toddlers not sharing. Table 17 indicates the discipline techniques utilized in this circumstance, in order of the techniques' popularity.

Table 17 (Question #17)

Percentage of Respondents Utilizing Each Discipline Technique For Toddlers Not Sharing N = 22 (100%)

Discipline Technique	% of N
Have duplicates and triplicates of toys	46%
Provide alternate toy	32%
Take turns, use timer	23%
Model appropriate behavior	14%
Understand inability to share at this age	9%
Praise positive attempts at correct behavior	5%

The third troublesome situation was a 5-year-old who showed a dislike for coloring. Table 18 indicates the discipline techniques the respondents recommended for this situation, with the most popular listed first.

Table 18 (Question #17)

Percentage of Respondents Utilizing Each Discipline Technique For Children Who Dislike Coloring at age 5

N = 22 (100%)

Discipline Technique	% of N
Provide alternate art form (paint, clay, pens, markers)	55%
Encourage participation when the child feels comfortable	27%
Provide alternate fine motor activity	14%
Accept dislike	9%
Loosen structure of activity, try to make it more creative	9%

At 5%, the single responses included: creating art show of their attempts to create positive feelings; and incorporating coloring into the child's current interests.

Troublesome situation #4 concerned a preschooler talking back to the teacher. Table 19 indicates the discipline techniques recommended for this situation in order of the techniques' popularity.

Table 19 (Question #17)

Percentage of Respondents Utilizing Each Discipline Technique For Preschooler Talking Back to the Teacher

N = 22 (100%)

Discipline Technique	% of N
"I" message to explain concern	27%
Ignore negative and reinforce positive attempts	23%
Explain that rules don't allow it	23%
Look for reasons and establish positive relationships	18%
Provide an alternative (a model)	14%
Have patience, kindness, and understanding	9%
Remind to use nice voices	9%
Discuss respect	9%
Time out	9%

Respondents included other responses (5%) as well: parent conferences, designate time to talk with teacher; use puppets to demonstrate appropriate methods; and punishment (write "I won't talk back").

The data from Tables 16-19 suggest many trends in the methods of discipline a quality child care provider could utilize and all are remarkably positive in nature. A quality center should establish rules for appropriate behavior and simply remind students that rules prohibit the inappropriate behavior. Teachers should also provide alternative activities to eliminate frustrating situations for children. When punishment is deemed necessary, it should be administered sparingly and almost always with an explanation of more

appropriate behavior. Socially acceptable behavior is paramount in resolving problem situations and a calm and caring person must be present to deal with the conflicts as they arise.

CHAPTER 8

STAFFING CONCERNS

Hiring quality staff was a concern frequently expressed by the respondents. To examine this area, the questionnaire next focused on the hiring practices, training procedures, salary ranges and benefits being utilized by the respondents.

Beginning with interviewing prospective staff, a majority (82%) of the respondents recommended education and/or knowledge in the field of early childhood education as the most important characteristic to consider. Experience was also important for half of the respondents. Other highly sought-after characteristics included a pleasant personality, ability to work well with others, sharing of the center's philosophy by the prospective staff member, and love of children (Table 20).

Table 20 (Question #18)

Percentage of Respondents Listing Each Characteristic as Important When Hiring Staff N = 22 (100%)

Characteristic	%
Education, knowledge of child development	82%
Experience in other centers, with same ages	50%
Pleasant personality, self-confident, "unique"	32%
Works well with other adults	23%
Shares center's philosophy	23%
Loves/enjoys children	23%
Responds lovingly and nurtures developmental needs	18%
Good health, hygiene, and appearance	18%
Flexibility	18%
Works well with children	14%
Sense of humor	9%
Enthusiastic	9%

Low frequency responses (5%) included: commitment to early childhood education; good recommendations; intelligence; honesty; reliability; sincerity; resourcefulness; and professionalism.

Hiring of quality staff members begins a long process of ensuring outstanding services for children. Training staff members would be the next step. Respondents listed three skills as those they thought to be the most important in training their staff (Table 21). The first was talking at the eye level of the children. Second was being a good or "active" listener. The third was communicating in a warm, loving, sincere, and affectionate manner. These responses, as well as many of the others received, demonstrate the need to recognize the importance of the child. Skills that focus on the individuality of the child are highly praised. Interestingly, such attributes as good organization, promptness, and neatness are conspicuously lower or absent from the list of desired staff characteristics.

Table 21 (Question #19)

Percentage of Respondents Listing Each Characteristic as Those They Encourage in Staff Members N = 22 (100%)

Characteristic	%
Talk at eye level	27%
Good listeners, "active" listener on child's level	27%
Warm, loving, sincere, affectionate, trusting	27%
Respect for the child	23%
Show interest, be friendly and caring	18%
Patient, calm, appropriate voice tone	18%
Consistent	14%
Positive guidance and interaction	14%
Meaningful conversation with each child each day	14%
Fair, non-judgemental	14%
Good questioning skills, facilitates discovery	14%
90% of comments are positive, quality time	9%
Values self-esteem	9%
Sense of humor	9%
Recognizes each child's individuality and developmental level	9%
Helps child to help self	9%
Good role model	9%
Flexible, animated	9%

Other responses (5%) listed were: does not punish; responsive; encourages growth in all areas; firmness; is organized/prepared; enjoys the job; knows when not to interact; and builds initiative and independence.

Child care staff members unfortunately are not well compensated for their vital role in the nurturing of our society's children. The mean level of education showed that by far the majority of the teaching staff was college educated, with at least four years of experience. Yet the mean wage for

this sample of child care workers was $6.84 per hour, barely twice the minimum wage. Even more alarming is the fact that this figure is more than likely inflated considering the high caliber of the services being provided and the inclusion of high cost of living states, such as Texas and California, in the sample (Table 22).

Table 22 (Question #20)

Mean, Range, & Mode of Combined Center Staffs' Level of Education, Years of Experience, and Current Wage

	Mean	Range	Mode
Level of Education	15.27 yrs.	12-18 yrs.	16 yrs.
Years of Experience	43 months	2 mon.-20 yrs.	36 mon.
Current Wage	$6.84/hr.	$4-15.00/hr.	N/A

In contrast to this sample, the national average salary for child care workers is astonishingly lower. The mean wage for day care employees is $3.50 per hour with no benefits (Davis & Baker, 1988). By comparison, a beginning public school teacher in many states can now earn a salary of $16,000.00 per year or more with benefits. If you take into consideration the 180 school days a public school teacher works, the average hourly wage would amount to over $11.00 per hour. And a public school teacher with experience can many times earn $25,000.00 per year, or over $17.00 per hour. This hourly wage is comparable to that

of plumbers, electricians, and auto mechanics. Hopefully, our political and social leaders will soon recognize this striking imbalance and make progress in alleviating the situation. For the purposes of this project, it must be noted that quality staff members should be given a starting wage well over the national minimum wage. The staff must also be rewarded for their efforts with raises and good benefits, for without quality staff there cannot be a quality environment.

One might assume that this low paying job situation may lead to a rather high turnover rate in staff and indeed the national mean turnover rate for the child care industry is a shocking 42% per year (Davis & Baker, 1988). The respondents to this questionnaire, though, indicated a surprisingly low mean turnover rate of 14.65%. This may be attributable to the quality of the centers themselves and their higher than average hourly wage.

On a more positive side, many of the respondents in this study were providing their staff members with employee benefits (Table 23). Inservice education was the most popular benefit provided. Paid sick leave, personal leave, vacation leave and health insurance were among the additional benefits offered by over 60% of the respondents. To a lesser extent, paid professional leave, reduced cost of child care, retirement benefits, and dental insurance were provided. Some of these benefits, however, were only available at employee cost.

Table 23 (Question #21)

Percent of Respondents Providing Each Benefit N=20 (91%)

Type of Benefit	% of N
Inservice education	100%
Paid sick leave	85%
Paid personal leave	75%
Paid vacation	75%
Health insurance	70%
Paid professional leave	65%
Reduced child care rates	55%
Retirement benefits	45%
Paid dental insurance	40%
Bonuses	15%
Free/Reduced lunch	15%
Paid vision insurance	10%
Life/Disability insurance	10%
Social Security benefits	10%
Workman's Compensation benefits	10%

A few single responses (5%) were included such as: birthday off; tax sheltered annuities; and credit union plans.

Question 22 dealt with personnel policies. With 21 responses (96%) to this question, 95% of the responding centers indicated that they have and provide staff with written polices. Five percent (5%) responded that they did not have, nor did they provide staff with written polices. Copies of these written policies were requested by the survey, but only 14% of the respondents included these written policies with their returned survey. The inclination not to provide the investigator with policies may indicate the sense of privacy some administrators have regarding personnel policies. Therefore, no analyses were completed.

Question 24 was designed to delineate the amount of time a typical early childhood teacher spends performing routine duties. The response rate, as low as 32%, was too erratic to glean any reliable information. More specific wording on how to answer this question may have yielded a more precise response. Even so, some obvious trends did occur. One could expect a teacher to spend an average of 35 hours per week in child contact and supervision. Extremely small amounts of time, less than 5 minutes per week, are spent providing transportation. The remaining 5 hours of a teacher's work week are typically split among student evaluation, record keeping, planning, clean up and staff meetings.

As a final staffing concern, an administrator might wonder what staff positions, in addition to the teachers, a center may require. The nine respondents (41%) who answered the corresponding question, indicated that directors and cleaning help are usually required for smooth operation (Table 24). Other less vital positions appearing in the responses included cooks, secretaries, aides, assistant directors, bookkeepers, and nurses.

Table 24 (Question #25)

Percent of Respondents Hiring Each Supplemental Staff Member N=9 (41%)

Supplemental Staff Member	% of N
Directors	100%
Cleaning Help	100%
Cooks	67%
Secretaries	67%
Aides	44%
Assistant Directors	33%
Bookkeepers	22%
Registered Nurses	22%
Gardeners	11%
Exterminators	11%
Assistant Teachers	11%

SECTION THREE

QUALITY IN THE CHILD CARE SETTING

Chapter 9: Improving Program Quality

CHAPTER 9

IMPROVING PROGRAM QUALITY

A child care center that focuses on quality programming does many things to ensure success. The final component of the questionnaire explored the techniques used by the respondents to ensure and maintain the high caliber of quality child care services being provided.

The respondents were first asked to list the age spans they serve in the categories of infants, toddlers, preschoolers and school ages. Infants were being served in the age range of six (6) weeks to eighteen (18) months. Toddlers were served in an age range of twelve (12) to thirty-two (32) months. Preschoolers were served from an age range of two (2) years to six (6) years, and school age children were being served from Kindergarten to fifth (5th) grade. As one can see, some overlapping of the age ranges exists because each center defined the developmental stages according to their own preferences, so care should be taken when interpreting the corresponding data.

When asked about enrollment figures, the number of children currently being served showed a curious trend (Table 25): the center's licensed capacity was often exceeded by the current enrollment. This could be explained by the fact that the centers were reporting all part-time enrollees. Therefore, one

full-time licensed space was often occupied by two different children. Respondents also kept their child to staff ratios low, 1 to 3.38 as an average for infants, and 1 to 8.4 for preschool age children. These ratios are in agreement with the recommended figures suggested by NAECP ("Accreditation Criteria", 1984).

Table 25 (Question #26)

By Category Ranges & Means of Numbers Licensed to Serve, Number Currently Serving, & Ratios Maintained

	INFANTS N=6	TODDLERS N=14	PRESCHOOL N=18	SCHOOL AGE N=7
	Range/ Mean	Range/ Mean	Range/ Mean	Range/ Mean
# Licensed to Serve:	N/A N/A	6-55/ 17	12-120/ 52	10-40/ 20
# Currently Serving:	5-17/ 16	5-60/ 28	8-170/ 61	1-40/ 18
Ratios being Maintained:	1:3-1:4/ 1:3	1:3-1:8/ 1:5	1:3-1:16/ 1:8	1:8-1:18/ 1:11

In addition to favorable ratios, the respondents charged competitive rates for their child care services. In analyzing the data on rates that are charged, though, another curious trend emerged (Table 26). The mean daily rate for infants was $15.83, for toddlers $16.90, and for preschoolers $19.13. These figures demonstrated an increase in cost associated with age.

The data further revealed the opposite trend when examining monthly and weekly rates. Parents of infants were charged $75.90 weekly and $300.00 monthly. Parents of toddlers were charged $71.30 weekly and $283.83 monthly. Finally, parents of preschoolers were charged $56.56 weekly and $241.30 monthly.

A possible explanation for this contradiction would be that parents charged by a daily rate were more likely to select child care services only a few days per week. The services were typically designed for preschool aged children whose parents were sending them for educational reasons, not for child care per se. Centers providing these services typically charged more for their services and did not accept infants, thus inflating the daily rate charged for older children.

Table 26 (Question #26)

By Category Daily, Weekly, & Monthly Rates Charged for Child Care Services

	INFANTS		TODDLERS		PRESCHOOL	
	Range	Mean	Range	Mean	Range	Mean
Daily	$14-16.50	$15.83	$11-25	$16.90	$11-25	$19.13
Weekly	$57-90	$75.90	$54-85	$71.30	$44-77	$56.56
Monthly	$270-335	$300.00	$240-335	$283.83	$125-335	$241.30

Respondents also provided information about their clientele and how they attract them. The group to target is definitely

the middle income parents who accounted for over 60% of the consumers of child care services in this survey. Lower and upper income families did not seek or could not afford the quality environments provided by the NAECP accredited centers in this sample.

Contacting or advertising for the clientele being served is reported as being rather easy to do. Question 27 dealt with ways to effectively build clientele. Respondents were asked to rate various methods of advertising on a scale of 1 to 5, with 5 being the most effective (Table 27). The most popular method of contact was by word of mouth. Some respondents even stated that they never pay for any advertising. Of those who did advertise for additional consumers, many found the less expensive methods of open houses, reduced rates, and newspaper ads to be helpful.

Table 27 (Question #27)

Mean Scores for Techniques to Build Clientele

Technique	Mean
Word of Mouth	5.00 (perfect score)
Open House	2.75
Reduced Rate	2.42
Newspaper	2.39
T.V.	2.00
Radio	1.70
Trial Enrollment	1.50

Other suggestions included: local bulletin boards, Yellow Pages, Chamber of Commerce participation, local news magazines (e.g. L.A. Magazine), local school directories, and flyers.

Volunteers can help to cut costs as well as to improve quality by reducing teacher duties. Over half (55%) of the respondents did indeed utilize this type of manpower, while 27% did not. Parents were the most popular source of volunteers with high school and college students also being utilized. The services these persons provided included storytelling, interpreting, supervising, substitute teaching, and helping with transportation and parties. Volunteers appear to be a worthy investment in quality and should not be overlooked. However, some training of these volunteers may be necessary by center staff.

When asked in Question 30 if they had made any major changes that impacted positively on quality, 73% of the respondents answered that they had made changes while 23% indicated otherwise. The single most frequently cited change was to apply for NAECP center accreditation (Table 28). Half of the centers listed this as a significant factor in the improvement of the quality of services in their center. Achieving this prestigious seal of approval is not an easy task. The NAECP validators are quite strict about assuring a high compliance rate with their stated criteria. In addition to a self-study for potential applicants, centers that fail to become accredited are given guidelines for improvement and may reapply for accreditation ("Academy Update", 1987). No other

change listed had quite the impact that NAECP accreditation had. It would appear that the NAECP Accreditation Criteria manual (1984) is an invaluable reference material for child care providers wishing to program for quality. Other responses included activities such as updating personnel policies, providing inservice education, and training volunteers.

Table 28 (Question #30)

Percent of Respondents Listing Each Change That Improved the Quality of the Child Care Center N = 22 (100%)

Change	%	Change	%
NAECP accreditation	50%	Hiring a music specialist	5%
Update personnel policies	9%	Provide school counselor	5%
Provide inservice education	9%	Putting in a grassed area	5%
Train volunteers	9%	Adding two-wheelers	5%
Sending staff to conferences	5%	Raising Salaries	5%
Paying for preparation time	5%	Lock medications	5%
Occupational therapist hired	5%	Have full time director	5%
Family grouping	5%	Set up teacher supply fund	5%
Putting in a shaded area	5%	Putting in a garden	5%
Providing a school counselor	5%	Adding a playhouse	5%
Adding a see-saw	5%	Hiring a nurse	5%
Develop an assessment device	5%	Hiring a cleaning service	5%
Staff goal setting	5%	Proper fire drill	5%
Add more hands-on curriculum	5%	Arranging it so that a new teacher comes at the beginning of each new session	5%

Question 31 was intended to elaborate on the recommended amounts of time a center should spend in providing specific curriculum activities. Unfortunately, not all centers could specify a length of time for many of the activities, because

they made all activities available to each student at all times. However, a list of routinely provided activities was discernible from the data (Table 29). Large and fine motor activities, as well as music experiences topped the list for both 2- and 3-year-olds and 4- and 5-year-olds. Other activities which were slightly less popular were housekeeping areas, dramatic play areas, art activities, and sand/water tables. Low on the list were formal instructional techniques such as reading and preschool instruction. Least routinely used were non-instructional activities such as breakfast, hot lunch, and transportation. This direction away from formal instruction and towards open-ended exploration is supported by the philosophy statements mentioned earlier in Question 14.

Table 29 (Question #31)

Percent of Respondents Who Routinely Provide Each Curriculum Activity N=17 (77%)

For 2's and 3's	% of N	For 4's and 5's	% of N
Large Motor Activities	100%	Fine Motor Activities	94%
Music Activities	100%	Large Motor Activities	94%
Fine Motor Activities	94%	Music Activities	94%
Housekeeping Area	94%	Science Center	94%
Puzzle Activities	94%	Sand/Water Tables	88%
Dramatic Play Area	94%	Housekeeping Area	88%
Science Area	94%	Puzzle Activities	88%
Art Activities	88%	Dramatic Play Area	88%
Naptime	82%	Art Activities	82%
Sand/Water Tables	76%	Teacher Directed Games	76%
Teacher Directed Games	76%	Naptime	76%
Hot Lunch	71%	Field Trips	71%
Preschool Instruction	71%	Preschool Instruction	65%
Reading Activities	59%	Reading Activities	65%
Field Trips	53%	Hot Lunch	59%
Breakfast	41%	Breakfast	35%
Transportation	12%	Transportation	18%

Other activities listed for both groups included: cognitive activities, language activities, social/emotional development activities, arts/ballet and snacks.

As a final component for quality care, strategies for parent involvement were addressed. The respondents were quite active in their attempts to involve parents in the child care environment. Table 30 indicates that newsletters were written by 100% of the respondents and conferences were also frequently conducted. Open houses, daily notes, and school programs occurred in over half of the responses. Keeping in touch was

very important to the respondents who utilized parent luncheons, happy notes, and sending home lesson plans. "Get togethers" of various kinds appeared several times in the responses demonstrating the paramount role a parent can play in helping to provide higher quality services for young children.

Table 30 (Question #32)

Percent of Respondents Using Each Method of Communication With Parents N=22 (100%)

Type of Communication	%
Newsletters	100%
Conferences	86%
Open Houses	77%
Daily Notes	59%
School Programs	50%
Sending Home Activities	41%
Lunch with Parents	36%
Happy Notes	32%
Sending Home Lesson Plans	27%

Further suggestions listed by respondents included: pot lucks; parent support groups/advisory committees; one-to-one communication; parenting seminars; weekly notes; summer program; parent orientation; "Mom's Night Out" (all parents and staff gather at somebody's house); check-out videotapes of happenings; parent bulletin board; parent and director rap sessions; parental visits as guest cooks, storytellers, artists, etc.; posting lesson plans; monthly observation sheet; sharing parents' hobbies and talents; and parent surveys.

The final three questions were opportunities for the respondents to indicate their desire to receive the survey results, to be cited in the report, and to offer any comments. Sixty-four percent (64%) chose to be cited in this report and 80% of the respondents requested complimentary copies of the results. The comments generated many positive wishes on the success of the project, as well as five comments about confusion on certain questions.

SUMMARY

Day care issues in the 1980's have escalated into a major topic of discussion. The presidential campaign of 1988 has been marked by a proliferation of questions about what the federal government is planning to do with regard to the increasing need for quality child care. Legislators can no longer ignore the needs of over 50% of the mothers with young children who work and require substitute child care. Adding to the embarrassment of an obvious lack of legislation is the fact that the U.S. is the only industrialized nation in the world to have virtually ignored this critical need. Sweden, France, Denmark, Great Britian, the Soviet Union and China have long had nationally subsidized child care programs and they are well respected throughout the world for their effectiveness (Davis & Baker, 1988; Snyder, Rothschild & Gordon, 1987).

This project, recognizing the growing need for child care services, had three (3) primary goals. The first goal was to provide novice day care administrators/owners with sound advice in the procedures one might use in establishing a child care center. The data, gathered from current providers who were recognized for their commitment to rendering quality services, have provided novices with advice on sound choices to consider when creating a day care center. Helpful suggestions were generated in such areas as determining the need for day care,

site selection, financing, initial purchases, and situations to create or avoid in day care. Useful information was derived for prospective owners in the areas of educational philosophy and discipline, which proved to be very positive and child centered. Staffing issues were also a part of this preliminary goal and several interviewing, training and scheduling suggestions emerged from the results.

The second goal of this project was to provide novice and current day care providers with suggestions on how to deliver higher quality services. The twenty-two directors of the NAECP accredited centers, which comprised the actual sample, were very insightful in their responsiveness to this component of the questionnaire. In addition to the data on articulating a philosophy and training staff, the respondents offered pointers on ratios to maintain, rates to charge, advertising methods, use of volunteers, changes that create higher quality services, curriculum components, and parent involvement.

The final goal of the project was to not only accumulate the data, but to dispense it as well. To accomplish this end, this handbook highlighting the findings of the survey was developed, and plans to market it were made. In addition, the investigator and an advisor arranged to offer a university workshop which would, using the handbook as a text, parallel and extend the components of this project (Class Syllabus Appendix D).

Our future generations are depending upon the leaders of today to establish child care environments that will guide them in rearing healthy, happy, and productive personalities. We must not let them down. This survey is but one small step towards creating a more rewarding future for our children.

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APPENDIX A

Establishing a Child Care Center

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August 31, 1987
125 Aspen Groves Road
Evanston, WY 82930

Dear Child Care Administrator and Owner:

We need your two cents worth. We are doing a study at Utah State University in Logan, Utah, which examines how to start a day care center. Your center has been chosen to possibly participate in this project because it has been accredited by the National Academy of Early Childhood Programs, and administers high quality programming for young children.

Please take a minute to answer the following questions and return this letter in the self-addressed stamped envelope provided. If you are chosen to participate in this study, you will be sent a short questionnaire in a few weeks with further instructions. When you return the questionnaire, a small token of our appreciation will be mailed to you. Thank you so much for your time.

Sincerely,

Charles S. Mainini,
Graduate Student

Shelley L. Knudsen Lindauer, Ph.D.
Assistant Professor

1. In what year did this center commence operation? _____

2. Have you administered this center since its opening?
yes no
3. Have you ever opened a new center?
yes no
4. Would you be willing to share your experiences about opening and running a center with prospective day care operators by filling out a short survey?
yes no

APPENDIX B

Establishing a Child Care Center

98

September 21, 1987
125 Aspen Groves Rd.
Evanston, WY 82930

Dear Child Care Administrator and Owner:

Thank you for your response to our letter of August 31. Because of your interest, and because your center has been accredited by the National Academy of Early Childhood Programs, you have been selected to participate in this study examining how to start a child care center.

Enclosed is a survey for you to fill out. Completing the questionnaire should take approximately 45 minutes of your time. Please return it to us within one week using the self-addressed stamped envelope provided. Your answers will be tabulated along with responses from the other centers selected for this study. The data derived from the study will be used as the basis for a college level workshop and an accompanying handbook regarding how to start a day care center.

Your identity will not be used in connection with the data unless you indicate your willingness to be cited in the handbook (question #33 on the survey). If you choose not to be cited, your participation in the study will be kept strictly confidential. Regardless of whether or not you choose to be cited, you may choose to receive a complimentary copy of the handbook with the tabulated study results (question #34 on the survey). In addition, upon our receipt of the questionnaire, you will be sent a small token of our appreciation.

If you have any questions regarding the survey please feel free to contact either one of us.

Thank you for your help in this important matter.

Sincerely,

Charles S. Mainini
Graduate Student
(307) 789-5133

Shelley L. Knudsen Lindauer, Ph.D.
Assistant Professor
(801) 750-1544

APPENDIX C

Establishing a Child Care Center

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QUESTIONNAIRE

1. What date did the center commence operation? _____

2. Rate on a scale of 1 to 5 how useful each of the following methods were to you in assessing the need for daycare in your area.

	not very helpful		somewhat helpful		very helpful
population/census data	1	2	3	4	5
personal contacts	1	2	3	4	5
class sizes in public schools	1	2	3	4	5
media reports	1	2	3	4	5
waiting lists at other centers	1	2	3	4	5
information from licensing agencies	1	2	3	4	5
OTHERS (specify):_____	1	2	3	4	5
_____	1	2	3	4	5

3. Rate on a scale of 1 to 5 how important these considerations are in site selection.

	not very important		somewhat important		very important
access to major traffic routes	1	2	3	4	5
location by residential area	1	2	3	4	5
located near business/commercial area	1	2	3	4	5
cost of the site	1	2	3	4	5
size of the site	1	2	3	4	5
neighborhood	1	2	3	4	5
OTHERS (specify): _____	1	2	3	4	5
_____	1	2	3	4	5

4. Do you consider your location ideal? Yes_____ No _____ Explain what factors make it ideal or less than ideal.

5. On the following scale, rate the assistance you received from the licensing agency prior to opening.

Not Very Helpful 1 — 2 — Somewhat Helpful 3 — 4 — Very Helpful 5

6. What percent of the initial capital was provided by:

_____% yourself _____% the bank _____% OTHER (specify) _____

7. Current funding for the center is provided by:

_____% tuition _____% donations _____% government

_____% business _____% OTHER (specify) _____

8. What type of insurance do you carry on your center?_____

Who provides this insurance? _____

At what yearly cost?_____

9. What child care experience did you have prior to opening this center?

10. List what you feel were the 3 most successful business decisions you made when you first opened.

    1. _____

    2. _____

    3. _____

11. What 3 critical problems should you have avoided?

    1. _____

    2. _____

    3. _____

12. Following is a list of possible materials/equipment for a "new" center. Please mark each item as: C = Critical - don't open without it; N = Necessary - get it as soon as possible; O = Optional - it can wait.

___ teacher desks and chairs	___ water/sand tables	___ computer
___ student tables and chairs	___ bookcases	___ paper
___ office equipment/supplies	___ building blocks	___ bookcases
___ climbing apparatus	___ art supplies	___ balls
___ musical instruments	___ bulletin borads	___ swings
___ dress up clothes	___ science materials	___ games
___ toy vehicles	___ bikes/trikes	___ puppets
___ sports equipment	___ sandbox	___ cots
___ record player	___ sensory toys	___ puzzles
___ toy animals/people	___ toy kitchen	___ books
OTHERS (specify):		
___ _____	___ _____	___ _____

13. List 4 good sources you use to obtain the following categories of items at lowest cost.

    1. Educational Materials Source: _____

    2. Furniture Source: _____

    3. Office Supplies Source: _____

    4. Cleaning Supplies Source: _____

14. Does your center prescribe to a particular educational philosophy? Yes ____ No ____ If yes, please describe four strategic components of this philosophy as you might describe them to prospective customers.

15. List 2 or 3 key ways that your staff encourages children to explore and learn.

    1. _____

    2. _____

    3. _____

16. List 3 limits the children test or defy most often.

    1. _____

    2. _____

    3. _____

17. How should your staff handle the following situations?

1. A 3-year-old who hits: _____

_____

2. A toddler who won't share: _____

_____

3. A 5-year-old who hates to color: _____

_____

4. A preschooler who talks back to a teacher: _____

_____

18. List the 3 most important characteristics and/or requirements that you consider when hiring teaching staff, listing the most important first.

1. _____

2. _____

3. _____

19. List 3 important qualities you try to encourage in your staff when they are interacting with children. List the most important first.

1. _____

2. _____

3. _____

20. For each teacher that you employ, please give the following information:

	TEACHER NO.1	NO.2	NO.3	NO.4	NO.5	NO.6	NO.7
Level of Education							
Yrs. Teaching Experience							
Months Employed at this Center							
Current Wage							
Starting Wage							

21. Check which benefits you provide.

___ paid personal leave
___ paid professional leave
___ paid vacation
___ paid sick leave
___ reduced daycare cost for employees
___ profit sharing
___ inservice education
___ retirement plan
___ bonus incentives
___ dental plan
___ health plan
___ vision plan

OTHERS (specify): _____. _____.

22. Are personnel policies and operating procedures provided to the staff in writing? Yes _____ No _____ If yes, please provide a copy.

23. Estimate the yearly percentage of staff turnover. _____%

24. Estimate how many hours per week your teaching staff spend in:

_____ student evaluation _____ transportation _____ planning
_____ child supervision _____ record keeping _____ clean up
_____ staff meetings _____ student contact time
OTHERS (specify): _____ _____. _____ _____
_____ _____. _____ _____

25. Please list any staff positions other than teachers and the current wages for those positions.

POSITION	WAGE	POSITION	WAGE
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

26. Please specify the following for the age groups indicated:

	Infants	Toddlers	Preschoolers	School Age
Ages served in this group				
Number licensed to serve				
Current enrollment				
Teacher/Child Ratio Maintained	___to___	___to___	___to___	___to___
Rate Charged Full day				
Rate charged Weekly				
Rate charged Monthly				

27. Rate on a scale of 1 to 5 how effective these methods are for building clientele.

	not effective		somewhat effective		very effective
radio ads	1	2	3	4	5
newspaper ads	1	2	3	4	5
T.V. ads	1	2	3	4	5
open house	1	2	3	4	5
word of mouth	1	2	3	4	5
reduced rate	1	2	3	4	5
trial enrollment	1	2	3	4	5
OTHERS (specify): _____	1	2	3	4	5
_____	1	2	3	4	5

28. Estimate the percentage of parents that you serve who are:
lower income _____%. middle income _____%. High income _____%

29. Do you use volunteers in your center? Yes _____ No _____
If yes, explain briefly how you do this.

30. Have you initiated any changes in the last two years that have made noticeable differences in providing higher quality care? Yes ___ No ___
If yes, list them.

31. In routine operation, please indicate how many hours per week you provide the following for each age group:

	2 & 3 Yr. Olds	4 & 5 Yr. Olds		2 & 3 Yr. Olds	4 & 5 Yr. Olds
sand/water tables			naptime		
teacher directed games			puzzles		
preschool instruction			breakfast		
reading activities			art projects		
fine motor activity			field trips		
preschool instruction			dramatic play		
large motor activity			hot lunches		
housekeeping area			science area		
music experience			transportation		
OTHERS (specify):					

32. Check which of these activities you have initiated to improve communication with parents:

___ send home activities	___ school programs	___ newsletters
___ lunch with parents	___ "Happy notes"	___ conferences
___ send home lesson plans	___ daily note	___ open house

OTHERS (specify): ___ _____ ___ _____

33. I would like to be cited in the final report on this questionnaire.
Yes _____ No _____

34. I would like a copy of the handbook derived from this study.
Yes _____ No _____

35. Please use the remainder of the space to provide comments. Thank you very much for taking the time to respond.

APPENDIX D

Establishing a Child Care Center

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CLASS SYLLABUS

Day 1 - Session I

8:00 - 9:00 Registration while showing "Who Cares for the Children?

9:00 - 11:30
1. Discussion/lectures on the current status of child care in the United States.
2. Presentation of research concerning the perceived effects of substitute child care.
3. Presentation of an overview of the project upon which the workshop is based.

11:30 -1:00 LUNCH

Day 1 - Session II

1:00 - 4:30
1. Discussion/lectures on the Preliminary Considerations involved in opening a child care center.
2. Guest speaker, Chris Perry, will address these same issues and answer questions.
3. Ethical dilemmas presentation and group discussion.
4. Good Nutrition Assignment.

4:30 - 6:30 DINNER

Day 1 - Session III

6:30 - 9:00
1. Discussion/lectures on components of a quality center (NAECP Criteria).
2. Guest speaker, Craig Boswell, will address these same issues and answer questions.
3. Review ECERS for next day's center evaluation assignment.

Day 2 - Session IV

8:30 - 11:30
1. Discussion/lecture on licensing concerns.
2. Guest speaker, Mary Olsen, will address these same issues and answer questions.
3. Workshop participants will evaluate the quality of an operating child care center.

11:30 - 1:00 LUNCH

Day 2 - Session V

1:00 - 4:00
1. Discuss evaluation assignment.
2. Discussion/lecture on improving quality of child care services.
3. Guest speaker, Shelley Lindauer, will address the creation and use of teacher-made materials.
Combine with tour of USU Child Develop Lab.
4. Wrap-up of workshop.